

**WESTVIEW HIGH SCHOOL  
COURSE PLAN**

**Student Name** \_\_\_\_\_ **Expected Graduation Year** \_\_\_\_\_

<b>Elective Focus Groups - Career Cluster/Programs of Study</b>
<input type="checkbox"/> Fine Arts
<input type="checkbox"/> Math/Science - 3 additional math and/or science credits MUST be taken for this option
<input type="checkbox"/> Career Technical Focus Groups (CTE):
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Business/Computer Management and Administration
<input type="checkbox"/> Human Services/Family and Consumer Science
<input type="checkbox"/> Health Science

**GRADE 9**

Required Courses

- 1) English I
- 2) Algebra I
- 3) Wellness
- 4) World History or Geography
- 5) Physical Science or Agriscience

Elective Courses

- 6) Focus Area Elective or Fine Art Elective: \_\_\_\_\_
- 7) Focus Area Elective or Study Hall: \_\_\_\_\_

**GRADE 10**

Required Courses

- 1) English II
- 2) Geometry
- 3) Biology I
- 4) P.E. / U.S. Government
- 5) Spanish I or French I

Elective Courses

- 6) Focus Area Elective: \_\_\_\_\_
- 7) Focus Area Elective or Study Hall: \_\_\_\_\_

**GRADE 11**

Required Courses

- 1) English III
- 2) Algebra II
- 3) Chemistry I
- 4) U.S. History
- 5) Spanish II or French II

Elective Courses

- 6) Focus Area Elective: \_\_\_\_\_
- 7) Focus Area Elective or Study Hall: \_\_\_\_\_

**GRADE 12**

Required Courses

- 1) English IV or Dual Enrollment at: \_\_\_\_\_
- 2) Adv. Algebra/Trig OR Pre-Cal OR Calculus OR Bridge Math
- 3) Personal Finance/Economics

Elective Courses

- 4) Focus Area Elective: \_\_\_\_\_
- 5) Focus Area Elective: \_\_\_\_\_
- 6) Focus Area Elective: \_\_\_\_\_
- 7) Focus Area Elective or Study Hall: \_\_\_\_\_

**\* One of your electives MUST be fine arts \***

<b>Projected Program of Study</b>
<input type="checkbox"/> Technical School
<input type="checkbox"/> Community College
<input type="checkbox"/> 4 Year College or University
<input type="checkbox"/> Military
<input type="checkbox"/> Other
Career Plans _____

**Parent or Guardian:** Your signature certifies that you understand the requirements for graduation and that you approve your child's Six Year Plan. You also understand that this plan will be reviewed annually and elective changes can be made upon written request when available. Plans are contingent upon available funding and staffing.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

Date \_\_\_\_\_